(d) and (e) The high fertility rates in these states are on account of the large size of the population in the reproductive age group; unmet needs for contraception, high infant mortality rates; early marriage and low literacy levels, especially among women etc. The service delivery mechanism in these states is weak on account of the inadequate health infrastructure poor governance, and mobilization of public opinion.

(f) The Empowered Action Group is assisting States in preparing their strategies for achieving TFR of 2.1 by 2010. Major strategies are as follows:

Improving primary health infrastructure through (a) capital investment; (b) provision of financial assistance to hire medical and para-medical personnel on contract basis at decentralized levels; (c) Emphasis on training for all healthcare providers. (d) Mobilizing community support through involving NGOs, civil society; (e) convergence with other developmental programmes; (f) improved supply and availability of contraceptives; and (g) improving access to quality care and emergency obstetric care services etc.

**Free medical treatment**

503. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have drawn any proposal/scheme to provide free medical treatment in all Government hospitals and dispensaries to poor patients;

(b) if so, the details thereof alongwith the funds allocated for the purpose;

(c) the number of new hospitals and dispensaries required to cover entire population of the country; and

(d) the details of new hospitals ad dispensaries likely to be operational by March, 2004 and how many are planned thereafter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) and (b) In so far as three Central Government Hospitals, namely, Dr. R.M.L. Hospital, Safdarjung Hospital and LHMC & its Associated Hospitals in Delhi are concerned, medical treatment is provided free of cost to the poor patients.

(c) and (d) Health being a State subject under the Constitution of India, it is the responsibility of the respective State Government to set up hospitals/provide medical facilities to the people according to their need and resources available with them. As such no information is available with the Ministry of Health & Family Welfare with regard to planned new hospitals/dispensaries.

**Demand of Blood**

504. SHRI P. K. MAHESHWARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that availability of blood in Delhi's Blood Banks has gone up and the gap between demand and supply continuous to widen;

(b) if so, the details of gap between demand and supply at present in various blood groups;

(c) whether Government have assessed the demand of blood on a year to year basis;

(d) if not, the reasons therefor; and

(e) the steps taken by Government to meet the demand?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The availability of blood in Delhi's blood banks has improved from 2.69 lakh units in 2000-01, to 2.81 lakh units in 2001-02. The anticipated demand at that time was 2.8 lakh units. Presently, the level of blood supplies available in Delhi match the yearly demand. However, there are sporadic instances of shortage in a few blood banks.

(c) Yes, Sir. The demand has been assessed on a yearly basis as per the WHO norms.

(d) Does not arise.

(e) The government is concentrating on augmenting voluntary blood donations and adopting strict donor deferral methods. For generating enough blood through voluntary blood donation program, the Government of India have taken a number of steps such as media campaign through TV, AIR and newspapers, developing IEC material